

Name

in
Full

Annie P. Annabal.

CERTIFICATE OF DEATH

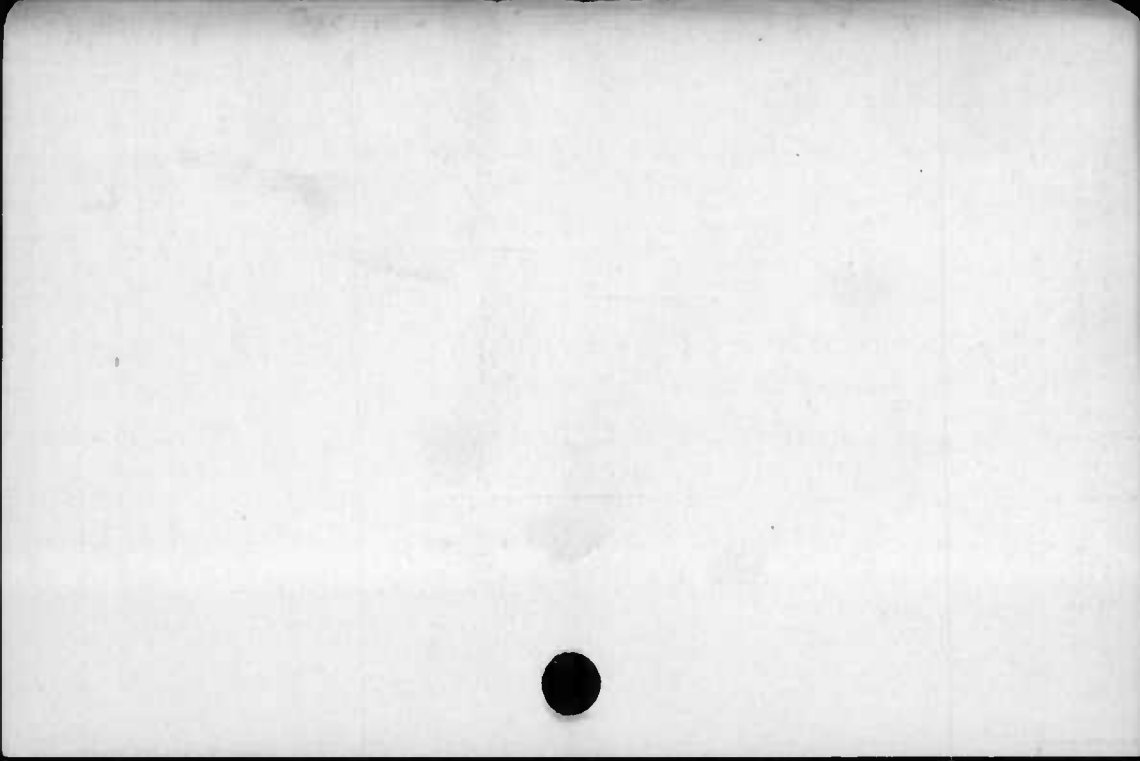
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Denton</u> ^{Town}		<u>Caroline</u> ^{County}		MARYLAND	
Date of death	1906	Month	April	Day	19
Age	<u>unknown</u>		Years	Months	Days
Sex	<u>female</u>		Color or Race	<u>white</u>	Birth-place
Occupation	<u>—</u>		Where Residing if not at place of death <u>—</u>		
Married, Single or Widowed	<u>widow</u>		Name of Wife or Husband <u>—</u>		
Father's Name	<u>Joseph Pearson</u>			Father's Birthplace	<u>Ind.</u>
Mother's Maiden Name	<u>Sarah Wilson</u>			Mother's Birthplace	<u>"</u>
Name of person giving information	<u>J. W. Annabal</u>			How related to deceased	<u>Son.</u>

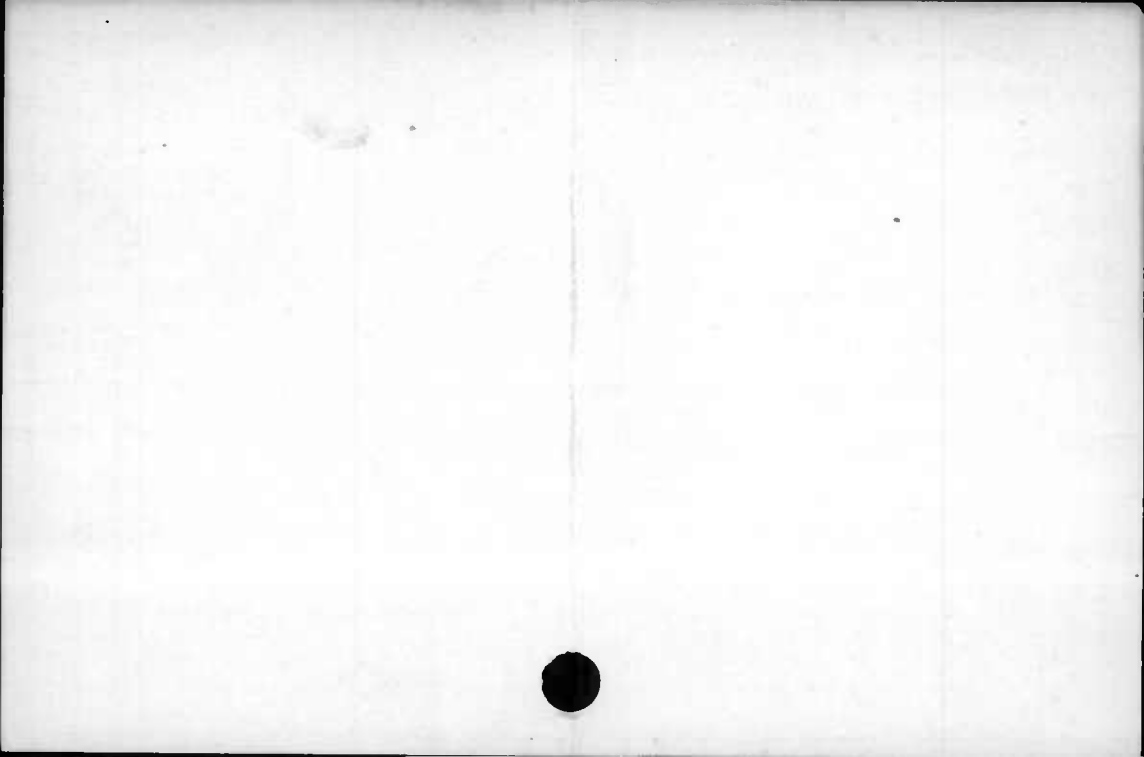
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	How long
Immediate <u>Consumption</u>	How long <u>years.</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>G. W. Simmons</u>
	Address <u>Denton</u>
Accident or Suicide?	



Name in Full		Mary J. Brodess				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Federalburg		County		MARYLAND	
	Date of death	1906	Month	Apr	Day	16	Age
					Years	73	Months
							Days
	Sex	Female		Color or Race	white		Birth-place
	Occupation	housewife		Where Residing if not at place of death			
PHYSICIAN OR CORONER	Married, Single or Widowed	widow		Name of Wife or Husband			
	Father's Name					Father's Birthplace	
	Mother's Maiden Name					Mother's Birthplace	
	Name of person giving information	Nora Hill				How related to deceased	
						daughter	
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary	Apoplexy				How long	
						2 weeks	
	Immediate					How long	
	Are the name, age, sex, color, date and place correctly given above?	yes				Signature of Physician	
						Address	
						R. R. Jefferson	
						Federalburg	
						md	
Accident or Suicide?							



Name
in
Full

Henrietta Freeman

CERTIFICATE OF DEATH

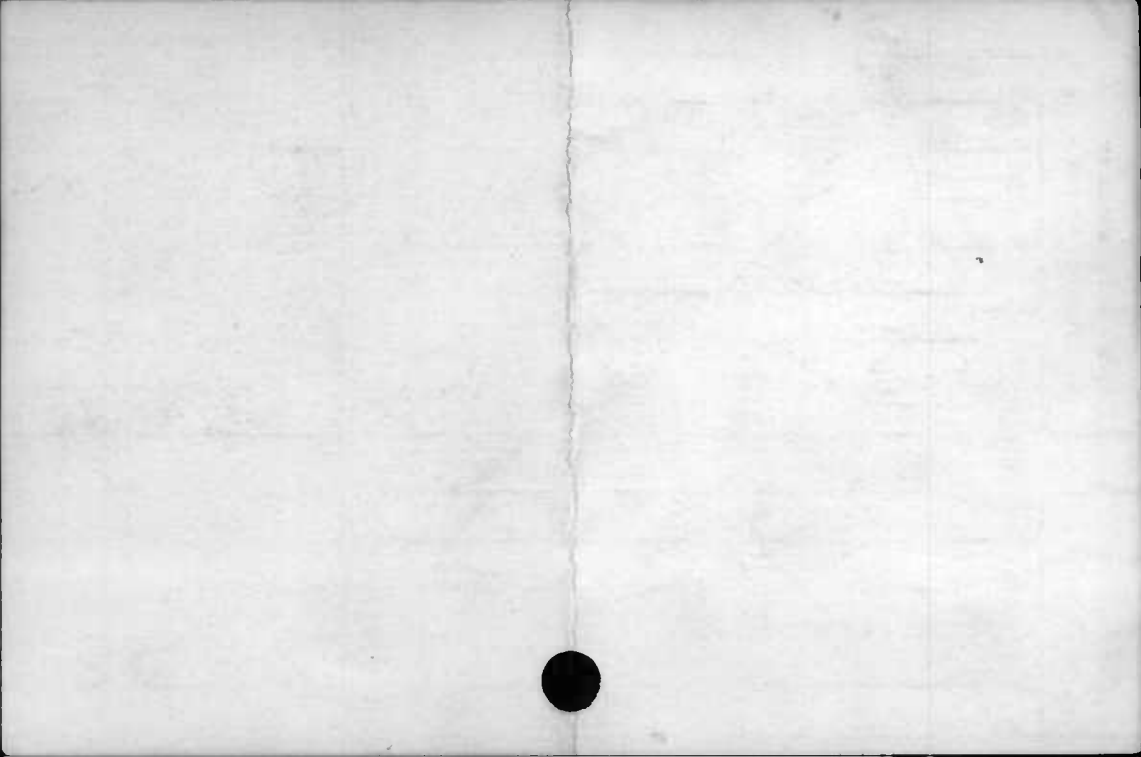
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Hillsboro</i>			Town <i>Caroline</i>			County			MARYLAND				
Date of death <i>1900.</i>		Month <i>4</i>		Day <i>13</i>		Age <i>18</i>		Years		Months <i>7</i>		Days <i>13</i>	
Sex <i>Female</i>				Color or Race <i>B -</i>				Birth-place <i>Caroline Co</i>					
Occupation <i>Servant</i>						Where Residing if not at place of death <i>-</i>							
Married, Single or Widowed <i>Single</i>				Name of Wife or Husband <i>-</i>									
Father's Name <i>Jno. H. Freeman</i>						Father's Birthplace <i>Denton, Md</i>							
Mother's Maiden Name <i>Henrietta Peck</i>						Mother's Birthplace <i>J.A. Co., Md</i>							
Name of person giving information <i>John Freeman</i>						How related to deceased <i>Father</i>							

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Pulmonary Tuberculosis</i>		How long <i>7 months</i>	
Immediate <i>Exhaustion</i>		How long <i>-</i>	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>A. W. B. Row, M.D.</i>	
		Address <i>Hillsboro, Md.</i>	
Accident or Suicide? <i>-</i>			



Name

In Full

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY
NEAREST FRIEND

Julia A. Gibbs

Town

Caroline

County

Died at Ridgely

Date

of death 1906

Month

April

Day

26

Age

Years

15

Months

Eight

Days

26

Sex

Female

Color or Race

Colored

Birth-place

Bridgetown

Married, Single or Widowed

Single

Occupation

Name of Wife or Husband

Father's Name

Peter Groce

Father's Birthplace

Bridgetown

Mother's Maiden Name

Sidney Harris

Mother's Birthplace

" "

Name of person giving information

Joshua Gibbs

How related to deceased

Adopted

CAUSES OF DEATH

Primary

Didn't see her until just before she died

How long

Don't know

Immediate

Had consumption

How long

" "

Are the name, age, sex, color, date and place correctly given above?

I think so

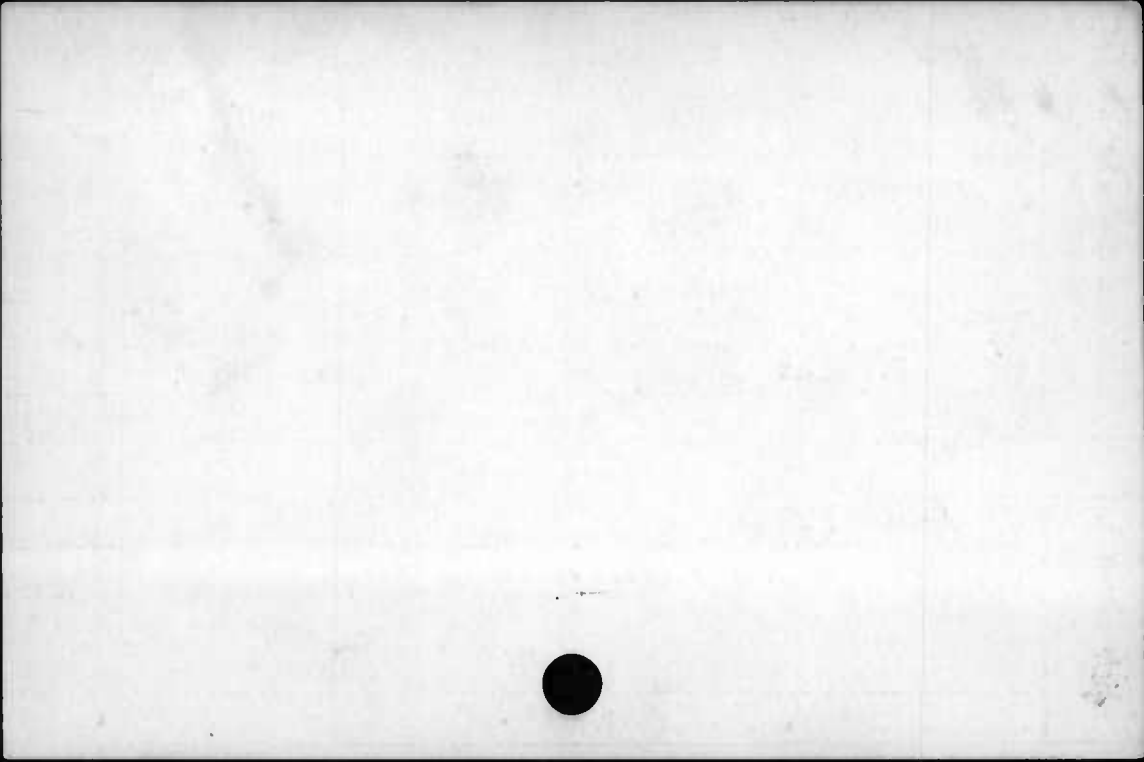
Signature of Physician

H. H. Dickson

Address

Ridgely, Md.

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Name *Roland Emory Gibbs*

Died at *near Ridgely* *Caroline* County

Date of death *1906* *Apr* *20* *1* *Months* *4* *Days*

Sex *male* Color or Race *Black* Birthplace *Ill*

Occupation _____ Where Residing if not at place of death _____

Married, Single or Widowed _____

Name of Wife or Husband _____

Father's Name

Elmer Gibbs

Father's Birthplace

Ill

Mother's Maiden Name

Ethel Freeman

Mother's Birthplace

Ill

Name of person giving information

Ethel Freeman

How related to deceased

Daughter

CAUSES OF DEATH

Primary

Measles

How long

3 weeks

Immediate

Broncho-Pneumonia

How long

one week

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

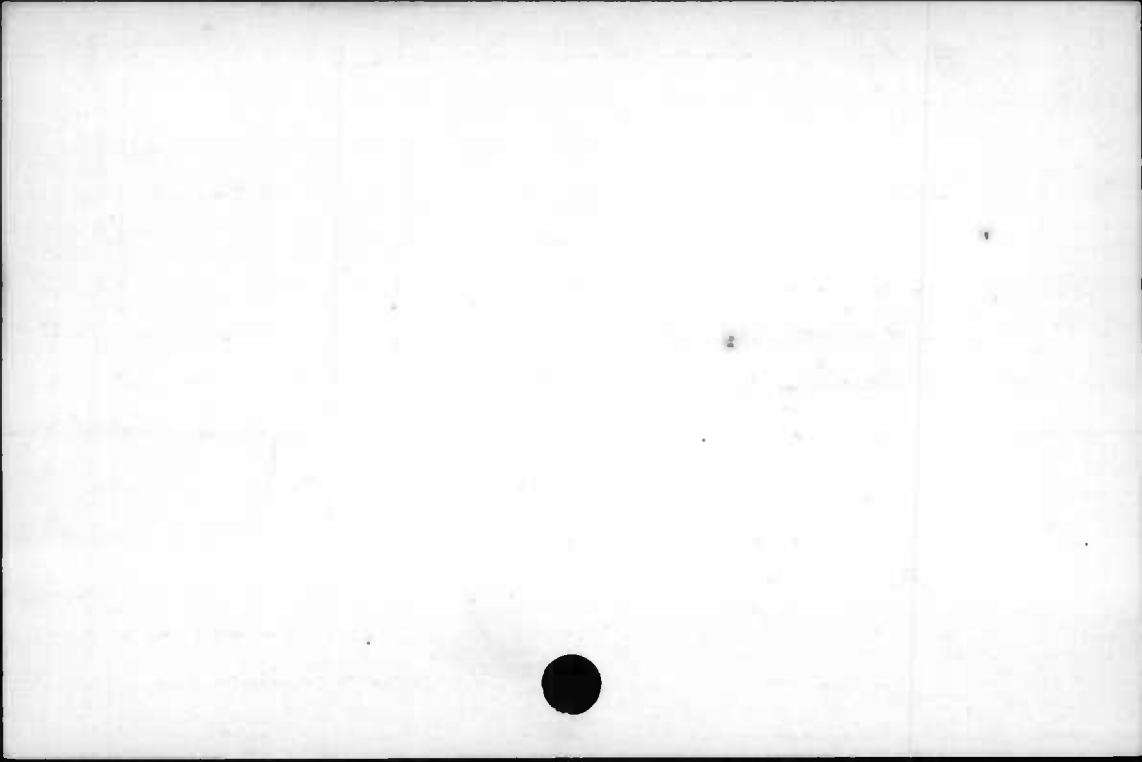
D. J. Stone M.D.

Address

Ridgely

Accident or Suicide?

No



Name
in
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CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Denton</u> Town		<u>Caroline</u> County		MARYLAND	
Date of death	190 <u>6</u>	Month	<u>4</u>	Day	<u>9</u>
Age		<u>3</u>	Years	<u>—</u>	Months
Sex		<u>Male</u>	Color or Race	<u>Black</u>	Birth-place
Occupation		<u>None</u>	Where Residing if not at place of death		
Married, Single or Widowed		<u>Single</u>	Name of Wife or Husband		
Father's Name		<u>Howard Nelson</u>	Father's Birthplace		
Mother's Maiden Name		<u>Leticia Barclay</u>	Mother's Birthplace		
Name of person giving information		<u>S. M. Barclay</u>	How related to deceased		
			<u>Son</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>Pneumonia</u>	How long	<u>3 weeks</u>
Immediate	<u>None</u>	How long	<u>—</u>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<u>Yes</u>		<u>P. R. Fisher</u>	
		Address	
		<u>Denton</u>	
Accident or Suicide?			
<u>No</u>		<u>No</u>	



Name
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CERTIFICATE OF DEATH

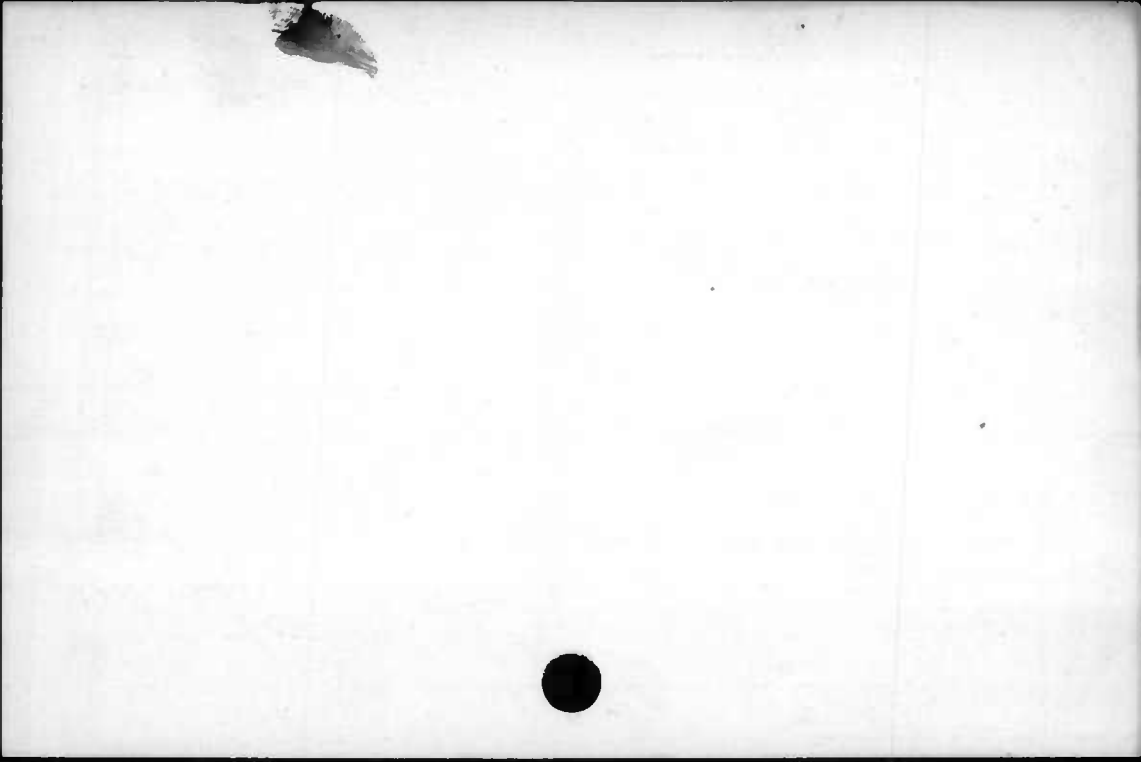
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Katherine W. Krieger</i>		Town <i>Preston</i>		County <i>Caroline</i>		MARYLAND	
Died at <i>near Preston</i>		Month <i>Apr</i>		Day <i>5</i>		Age <i>66</i>	
Date of death <i>1906</i>		Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Germany</i>	
Occupation <i>Housewife</i>		Where Residing if not at place of death					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>William F. Krieger</i>					
Father's Name <i>— Wolf</i>		Father's Birthplace <i>Germany</i>					
Mother's Maiden Name <i>— Wolf</i>		Mother's Birthplace <i>Germany</i>					
Name of person giving information <i>William F. Krieger</i>		How related to deceased <i>Husband</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Gastric Hem</i>	How long <i>2 weeks</i>
Immediate <i>Heart Failure</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>J. L. Tobel</i>
	Address <i>Preston Md.</i>
Accident or Suicide?	



Name
in
Full

U. T. Renshaw

CERTIFICATE OF DEATH

MARYLAND

Died at Ridgely TownCaroline CountyDate of death 190 4 MonthDay 4Age 75 YearsMonths —Days —Sex MaleColor or Race WhiteBirth-place Mt Vernon MdOccupation Farmer

Where Residing if not at place of death

Married, Single or Widowed Married

Name of Wife or Husband

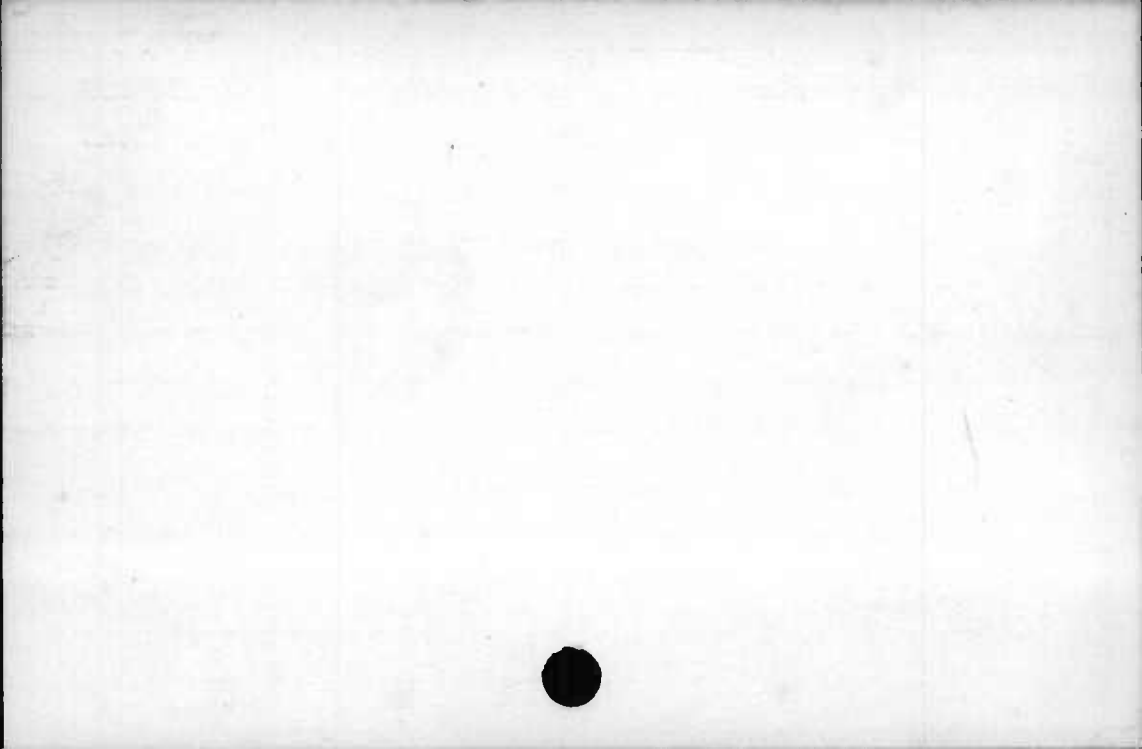
Father's Name Don't knowFather's Birthplace Somerset Co MdMother's Maiden Name " "Mother's Birthplace " "Name of person giving information C. E. RenshawHow related to deceased Son

CAUSES OF DEATH

Primary Apoplexy

(14)

How long 72 hoursImmediate yesSignature of Physician J. C. Madara
Address Ridgely Md.Accident or Suicide? noTO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

William Schumch

CERTIFICATE OF DEATH

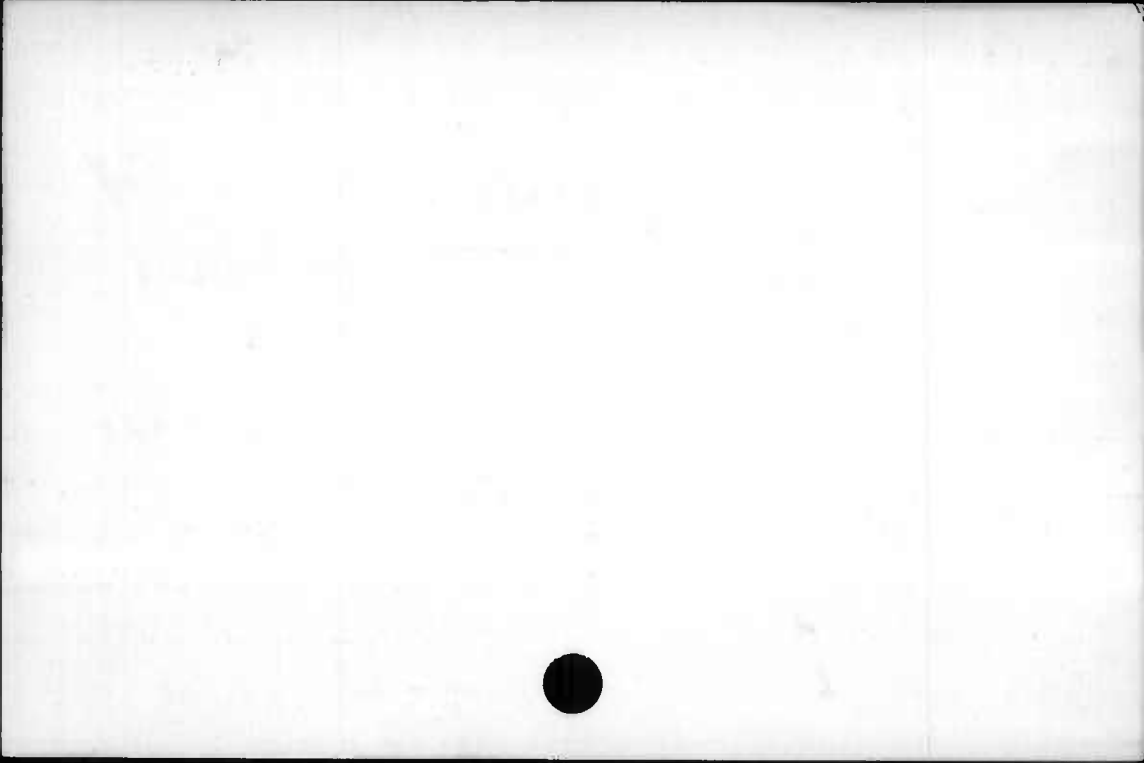
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Ms Beckleheim</i>		Town <i>Beckleheim</i>		County <i>Coraline</i>		MARYLAND	
Date of death <i>1906</i>	Month <i>4</i>	Day <i>30</i>	Age <i>7</i>	Years <i>7</i>	Months <i>10</i>	Days <i>1</i>	
Sex <i>Male</i>		Color or Race <i>German</i>		Birth-place <i>Ms</i>			
Occupation _____				Where Residing if not at place of death _____			
Married, Single or Widowed _____		Name of Wife or Husband _____					
Father's Name <i>John Schumch</i>		Father's Birthplace <i>Germany</i>					
Mother's Maiden Name <i>Mary Schumch</i>		Mother's Birthplace <i>Germany</i>					
Name of person giving Information <i>John Schumch</i>		How related to deceased <i>father</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Pneumonia</i>	How long <i>3 weeks</i>
Immediate <i>Broncho Pneumonia</i>	How long <i>36 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>J. Raymond Dowse</i>
	Address <i>Preston</i>
Accident or Suicide? _____	



Name
in
Full

James H. Larnell

CERTIFICATE OF DEATH

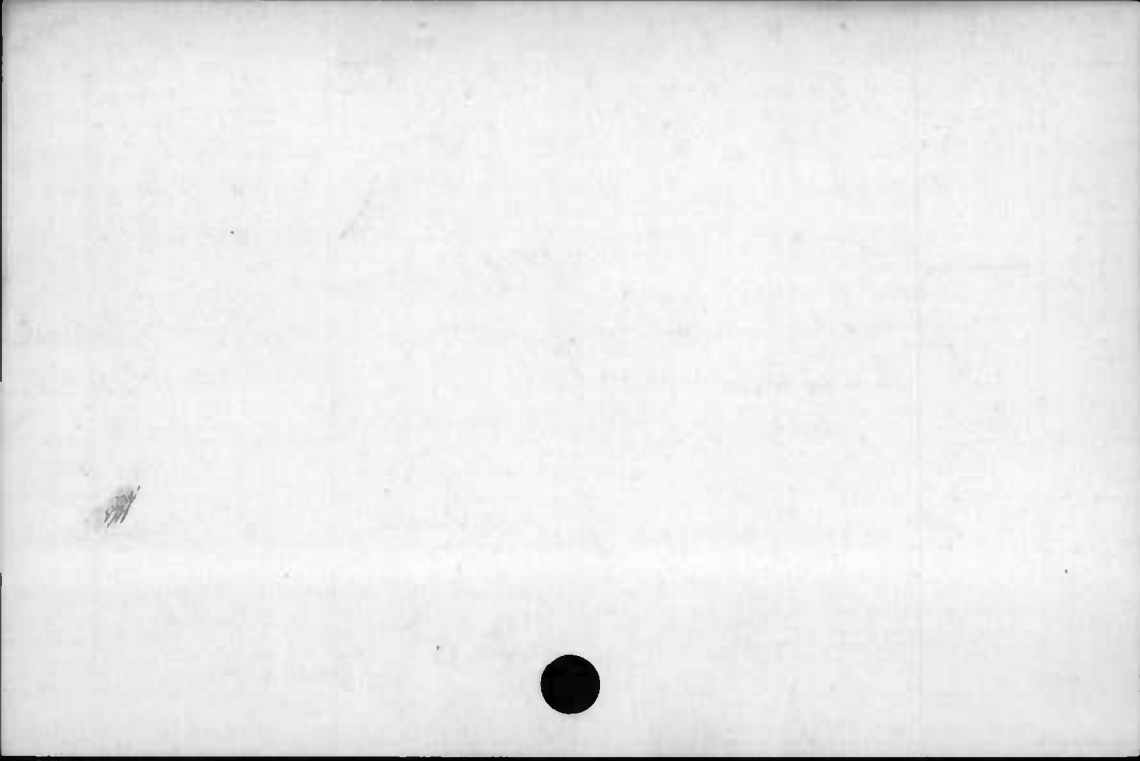
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Portbury</i> Town		<i>Carroll</i> County		MARYLAND	
Date of death <i>1906</i>	Month <i>April</i>	Day <i>28</i>	Age <i>32</i>	Years	Months Days
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Palbot de</i>		
Occupation <i>Miller</i>	Where Residing if not at place of death				
Married, Single or Widowed <i>married</i>	Name of Wife or Husband <i>Gillie M. Larnell</i>				
Father's Name <i>Jarnas Larnell</i>	Father's Birthplace <i>=</i>				
Mother's Maiden Name <i>Hester Larnell</i>	Mother's Birthplace <i>=</i>				
Name of person giving information <i>Gillie M. Larnell</i>	How related to deceased <i>wife</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Consumption</i>	How long <i>One or two years</i>
Immediate <i>Heart failure (only saw him once in last illness)</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>H. M. Richards,</i>
	Address <i>Ridgely, Md.</i>
Accident or Suicide? <i>_____</i>	



Name
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CERTIFICATE OF DEATH

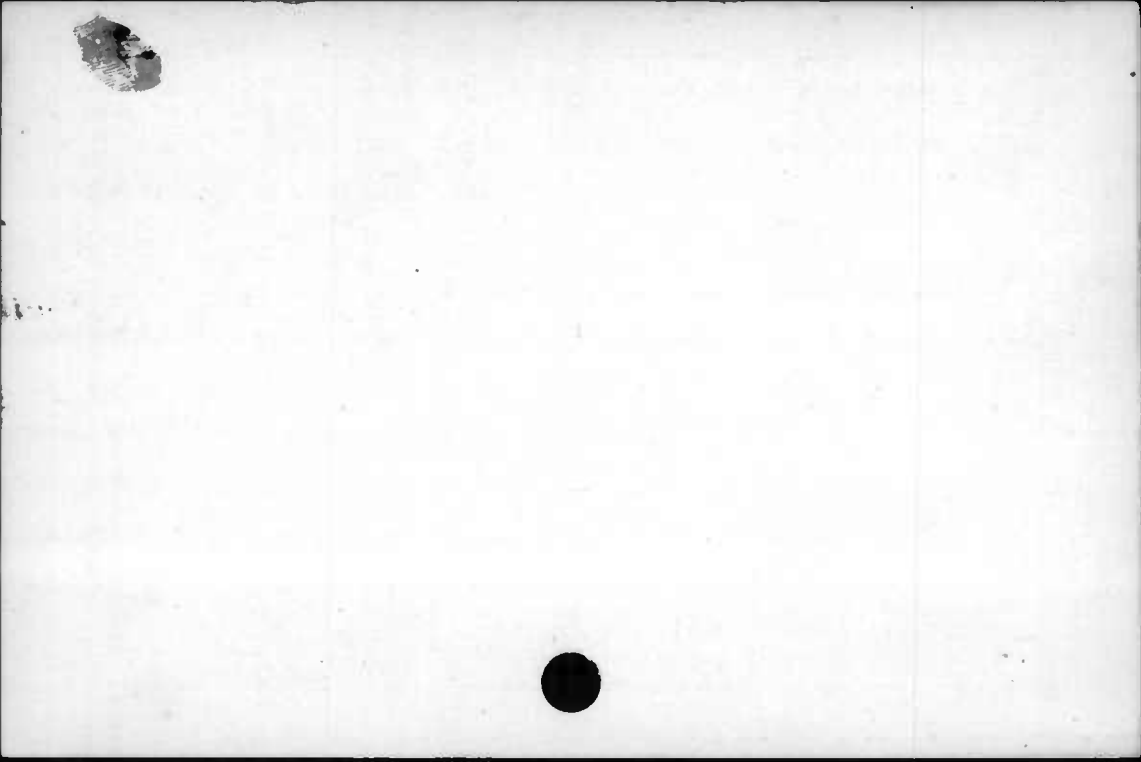
TO BE ANSWERED BY
NEAREST FRIEND

Died <i>John M. Simpson</i>		Town <i>Preston</i>		County <i>Caroline</i>		MARYLAND					
Date of death <i>1906</i>		Month <i>Apr</i>		Day <i>8</i>		Age <i>73</i>		Months		Days	
Sex <i>male</i>		Color or Race <i>colored</i>		Birth-place <i>Maryland</i>							
Occupation <i>Laborer</i>		Where Residing if not at place of death <i>Philadelphia</i>									
Married, Single or Widowed		Name of Wife or Husband <i>Rebecca</i>									
Father's Name <i>Joseph Simpson</i>		Father's Birthplace <i>Maryland</i>									
Mother's Maiden Name <i>N. Tilden</i>		Mother's Birthplace <i>Maryland</i>									
Name of person giving information <i>Emily Hubbard</i>		How related to deceased <i>Sister</i>									

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Valvular Disease of Heart</i>	How long <i>5 years</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>J. L. Noble</i>
	Address <i>Preston Md.</i>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at <i>Denton</i> ^{Town}		<i>Caroline</i> ^{County}			
Date of death <i>1906</i>	Month <i>4</i>	Day <i>25</i>	Age <i>10</i>	Months <i>—</i>	Days <i>15</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>md</i>		
Occupation <i>None</i>	Where Residing if not at place of death <i>Same</i>				
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband <i>—</i>				
Father's Name <i>John K. Watson</i>	Father's Birthplace <i>md</i>				
Mother's Maiden Name <i>Maggie T. Lewis</i>	Mother's Birthplace <i>md</i>				
Name of person giving information <i>John K. Watson</i>	How related to deceased <i>Father</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Typhoid Fever</i> (1)	How long <i>7 weeks</i>
Immediate <i>Same</i>	How long <i>7 weeks</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>D. R. Fisher M.D.</i>
	Address <i>Denton</i>
Accident or Suicide? <i>No</i>	<i>md</i>

